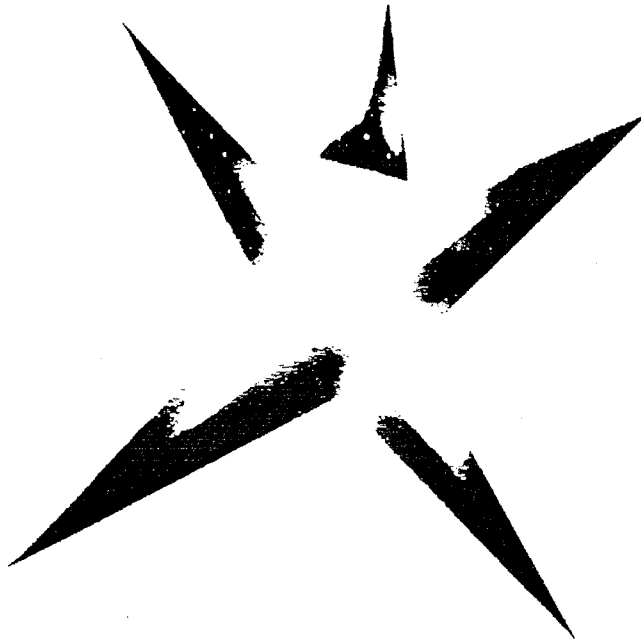


# **ENSURING REWARDING HEL PROGRAMS**



## **Participant Workbook**

**BUSINESS MANAGEMENT  
MILESTONE 1**

Ver. 04/00

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## HEL Program Timeline

### *Eight weeks before an HEL program . . .*

1. Select program topic.
2. Set program objectives.
3. Determine program type.
4. Select participants.
5. Select a speaker.
6. Agree on date and time.

### *Four to six weeks before . . .*

1. Select and book the facility.
2. Prepare the speaker.
3. Send out invitations.
4. Market the program.

### *One hour before the program . . .*

1. Review preparations and program events with owner/manager/event coordinator.
2. Review program with speaker.
3. Work the room.

### *During the program . . .*

1. Introduce the program.
2. Monitor the presentation.
3. Gather post-program reactions.
4. Settle up.

### *After the program . . .*

1. Record your observations.
2. Complete paperwork.
3. Follow up with the speaker.
4. Follow up with attendees.
5. Evaluate program success.





## ENSURING REWARDING HEL PROGRAMS

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### A Merck-Centered HEL Program Objective:

Program outcomes that are beneficial to you and to Merck. These outcomes have to do with increased prescriptions/sales, improved relationships with physicians, improved access to them, or responding to a competitive product.

### A Physician-Centered HEL Program Objective:

What physicians want a HEL program to accomplish. These outcomes have to do with solving their problems, helping their patients, saving them time, satisfying their curiosity and desire to learn. Having an enjoyable evening is also a physician-centered objective.

#### *Six Ways Needs are Stated*

1. The doctor tells you what he wants or likes.
2. The doctor tells you what he doesn't want or like.
3. The doctor tells you what would help his patients.
4. The doctor tells you what he wants to avoid with his patients.
5. The doctor tells you what the competition is doing well or doing poorly.
6. The doctor tells you what he would like to learn more about.

#### *Fact:*

Research has shown that after a sales call, salespeople typically only can remember 25% of the needs stated by the prospect/customer.



## ENSURING REWARDING HEL PROGRAMS



### Physician Needs and Physician-Centered Objectives

**Directions:** For each of the six questions below write a statement that is typical of what you have heard from your physicians. Then write an HEL program objective that reflects the physician need statement.



	Need Statement	Physician-Centered Objective
■ What has the Physician stated he/she wants?		
■ What has the Physician stated he/she doesn't want?		
■ What has the physician said would help his /her patients?		
■ What does the physician want to avoid with his/her patients?		
■ What are competitors and their products doing well? Doing poorly?		
■ What does the physician want to learn more about?		





## ENSURING REWARDING HEL PROGRAMS

### Lessons Learned: Planning

	Incidents	Lessons Learned
Topic Selection	Horror Story	
	Success Story	
Participant Selection	Horror Story	
	Success Story	
Speaker Selection	Horror Story	
	Success Story	
Other	Horror Story	
	Success Story	





### Speaker Introduction: Sequence of Events

1. Thank participants for attending.
2. Enthusiastically explain why the topic is important to attendees (i.e., the needs, problems, interests that you discussed with your physicians before the HEL program).
3. Introduce the speaker.
  - Qualifications
  - Your Appreciation
4. Explain the meeting agenda.
  - Meal
  - How and when questions are handled

Throughout your introduction, pay attention to your body language, your tone of voice, and the clarity of your message.







## ENSURING REWARDING HEL PROGRAMS

### Notes for Speaker/Program Introduction

**Directions:** Use on the brief bios on the next page to prepare a speaker introduction. Use the form below for your notes.



Thank Attendees

Topic and Talk Title

*Management of Hyperlipidemia*

Why important to audience (physicians' needs, problems, interests)

#### Speaker Qualifications

- |                                    |  |
|------------------------------------|--|
| ■ Current information              | ■ Clinical ranking                     |
| ■ Academic affiliation             | ■ Clinical research? Private practice? |
| ■ Where trained locally?           | ■ Research studies, credentials        |
| ■ Medical associate positions held | ■ Hometown                             |

Your appreciation

Meeting agenda

Meals

How questions handled

Other



## ENSURING REWARDING HEL PROGRAMS



### Four Curriculum Vitae

**Gregg C. Fonarow, M.D.**  
Assistant Professor of Medicine  
UCLA, Division of Cardiology  
Associate Director  
Ahmanson-UCLA Cardiomyopathy Center  
Los Angeles, CA

**Gregg C. Fonarow, M.D.**, received his medical degree from the University of California, Los Angeles. He is currently Assistant Professor of Medicine, UCLA Division of Cardiology and Associate Professor of the Ahmanson-UCLA Cardiomyopathy Center. Dr. Fonarow is very involved in the American Heart Association – Clinical Cardiology Council and is a fellow in the American College of Cardiology. He received the AHA-Lavema Titus Young Investigator Award in 1993. Dr. Fonarow has been published and has lectured widely on the management of post-myocardial infarction and cardiovascular disease. Recently, Dr. Fonarow has been published in the Journal of Clinical Investigations, American Journal of Radiology, and Circulation Research.

**John M. Passmore, Jr., M.D.**  
Chairman, Cardiology at Memorial Southwest Hospital  
Clinical Associate Professor of Medicine, University of Texas Medical School  
Houston, Texas

**John M. Passmore, Jr., M.D.**, earned his medical degree from Vanderbilt University and has undergone fellowship training in Hypertension and Endocrinology at Indiana University, Critical Care medicine at University of Pittsburgh and Cardiovascular medicine at University of Texas Medical School in Houston, Texas. He is Chairman, Section of Cardiology at Memorial Southwest Hospital in Houston, and Clinical Associate Professor of Medicine, University of Texas Medical School in Houston.

He is a biographee of "Who's Who in the World" and has numerous publications including multiple textbook chapters and articles in professional journals. Dr. Passmore has won numerous teaching awards at the University including the John P. McGovern award as best medical professor in the University of Texas medical system. He is specially trained and/or board certified in Internal Medicine Emergency Medicine, Endocrinology, Hypertension, Critical Care and Cardiology. He is a frequent national and international speaker on topics such as hypertension, congestive heart failure, arrhythmias, hyperlipidemia, coronary risk factors, and current concepts in anticoagulation. Dr. Passmore is an award winning composer, screenwriter, and novelist.





## ENSURING REWARDING HEL PROGRAMS

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### **Abhimanyu Garg, MD**

Dr. Garg is an Associate Professor of Internal Medicine at The Center for Human Nutrition and also Associate Program Director for the General Clinical Research Center at The University of Texas Southwestern Medical Center at Dallas. He received his MD degree from the India Institute of Medical Sciences in New Delhi, India, and completed two fellowships with the Division of Endocrinology and Metabolism at the University of Alabama at Birmingham. Dr. Garg has published extensively and authored several book chapters.

### **Gordon P. Guthrie, MD Lexington, Kentucky**

Gordon P. Guthrie, MD received a bachelor degree in chemistry from Yale University. He received his medical degree from Columbia University College of Physicians and Surgeons and completed his residency at The Roosevelt Hospital in New York City where he was Chief Medical Resident. Dr. Guthrie has received numerous awards during his career including The Young Investigators Award from the N.I.H., The Research Career Development Award from the N.I.H. and the McKeen Cattell Memorial Distinguished Achievement Award of the American College of Clinical Pharmacology. He was formerly Professor of Medicine at the University of Kentucky College of Medicine. He was also Director, Division of Endocrinology and Metabolism, University of Kentucky Medical Center and Director, Hypertension Clinic, also at the University of Kentucky Medical Center. Dr. Guthrie is currently in private practice in Lexington, Kentucky.



## ENSURING REWARDING HEL PROGRAMS



### Notes for Speaker/Program Introduction

Thank Attendees

Topic and Talk Title

Why important to audience (physicians' needs, problems, interests)

#### Speaker Qualifications

- |                                    |  |
|------------------------------------|--|
| ■ Current information              | ■ Clinical ranking                     |
| ■ Academic affiliation             | ■ Clinical research? Private practice? |
| ■ Where trained locally?           | ■ Research studies, credentials        |
| ■ Medical associate positions held | ■ Hometown                             |

Your appreciation

Meeting agenda

Meals

How questions handled

Other





## ENSURING REWARDING HEL PROGRAMS

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### Communication Concepts

#### *People communicate poorly...*

- They talk in abstract and general terms and don't use specific examples that illustrate what they mean.
- They omit key points or concepts. They talk in a type of "mental shorthand" that has meaning for them alone.
- They use vague or ambiguous words whose meaning is unclear.
- They slip into jargon or use clichés.
- Many have accents or speak in a low voice that is hard to hear.
- Many use visuals poorly, not explaining them, leaving them on too long or not long enough.
- Rarely do they check for understanding.

#### *People listen poorly...*

- The average person retains about 25% of what he or she hears.
- Many prejudge or discount what a speaker has to say because of the way s/he looks, speaks or positions him or herself.
- Their attention wanders because they can hear faster (500 words per minute) than the speaker can talk (150-200 wpm).
- They give in to internal and external distractions.
- Almost never will they ask the speaker to define a word, volunteer that they don't understand a point, or ask for examples.
- They "fake" attention by nodding, smiling, and looking the speaker in the eye.





## HEL Program Monitoring Summary

*What did the Program cover that your doctors say...*

- They want?
- They don't want?
- Would help their patients?
- They want to avoid with their patients?
- Our competitors are doing well or poorly?
- They want to learn more about?

*Were there any signals of boredom or misunderstanding?*

- Staring/glazed eyes.
- Slouching.
- Doodling, drumming fingers.
- Looking away from the speaker for an extended period of time.
- Sitting completely still.

*What were the signs of interest?*

- A high percentage of the audience participates in discussions or Q&A.
- Questions and comments indicate that participants are applying program information to their own practices.
- Participants ask for clarification, explanation and/or examples.
- Participants stay around after the completion of the formal "program."
- Participants request additional information, pick up promotional material, etc.
- Participants tell you they liked the program/found it helpful.
- Participants make positive comments about the program topic, the speaker, other attendees, or the facility. (All reflect on the quality of your planning.)
- Participants offer suggestions on how to improve the next program. (They care enough to offer suggestions and are thinking about the next program.)
- Participants ask technical questions (e.g., how a study was carried out).





## ENSURING REWARDING HEL PROGRAMS

### HEL Program Monitoring Form

Topic: \_\_\_\_\_ Date: \_\_\_\_\_



#### Attendees

Name and Specialty	Needs/Interests Related to Topic	Related Questions/Comments	Follow-Up Actions
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			



## ENSURING REWARDING HEL PROGRAMS



HEL Program Monitoring Form, page 2

Speaker: \_\_\_\_\_

Evaluation Criteria	Rating (circle one)				Notes/Comments
	Excellent			Poor	
1. Accuracy of information	4	3	2	1	
2. Program consistent to what was requested	4	3	2	1	
3. Asked for/answered questions	4	3	2	1	
4. Terms defined terms; examples/illustrations used	4	3	2	1	
5. Points/concepts flowed logically	4	3	2	1	
6. Overall rating of speaker	4	3	2	1	
How to best utilize/prepare this speaker in future presentations					
Top 3 takeaway messages from the program	1.				
	2.				
	3.				

### After the Presentation

#### Comments/Examples

Who requested additional information, pick up promotional material, etc.

Positive comments about topic, speaker, facility, other attendees.

Suggestions for improving the next program.

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Before the Presentation	After the Presentation
"What about <u>[topic]</u> would you like the speaker to cover?"	"What else about <u>[topic]</u> would you like to learn more about?"
"What questions about <u>[topic]</u> do you want answered today?"	"Dr. _____, earlier you told me you wanted <u>[speaker]</u> to answer three questions. Have they been answered?"
"How are you currently handling <u>[condition to be discussed]</u> ?"	"For how many of you is <u>[mode of treatment]</u> discussed by <u>[speaker]</u> a realistic option?"
"Many of the doctors I talk to are concerned with <u>[problem related to topic]</u> . Is it also a concern of yours?"	"Is <u>[problem mentioned in presentation]</u> something you're seeing out there?"
"How many of your patients does <u>[problem]</u> affect?"	"How many of your patients does <u>[problem]</u> affect?"
"What changes are you anticipating in <u>[mode of treatment to be covered]</u> ?"	"Based on what you've heard today, what, if anything, will you do differently?"

**Directions:** Below, write a "linked" pair of conversation starters that would have been appropriate for an HEL program you conducted.



### After the presentation



## ENSURING REWARDING HEL PROGRAMS

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### More After-Presentation Conversation Starters



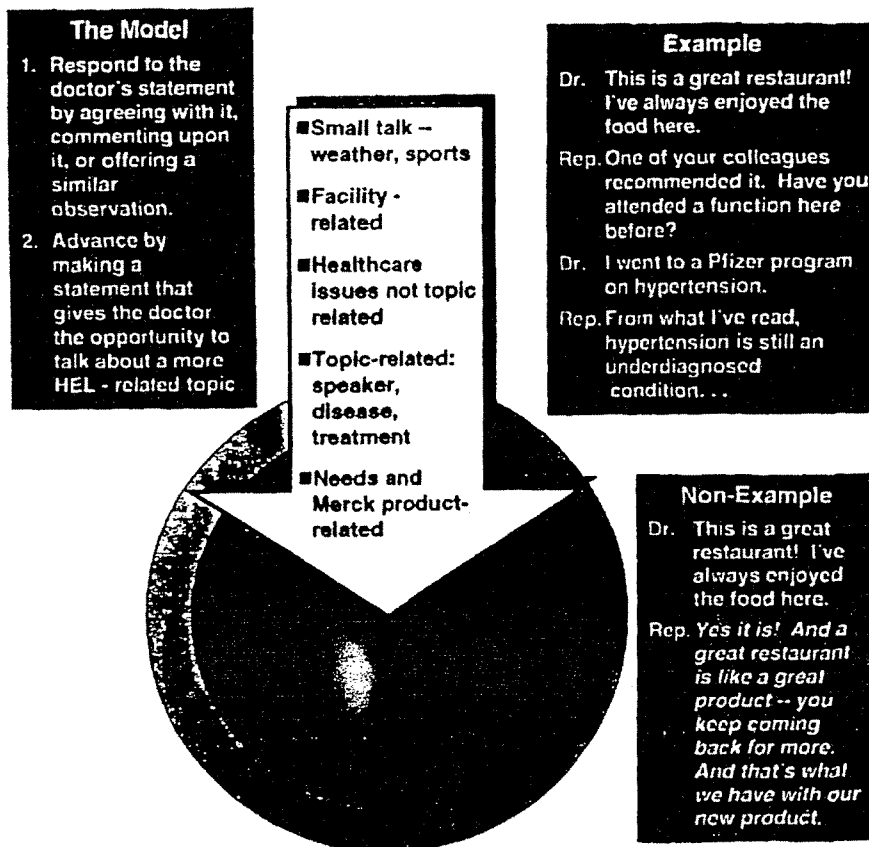
- "What did you find most useful in the presentation?"
- "Is \_\_\_\_\_ what you're seeing out there?"
- "Is \_\_\_\_\_ a problem you're encountering?"
- "Based on what you've heard today, what will you do differently?"
- "What would you like to learn more about?"
- "How many of your patients does \_\_\_\_\_ affect?"





## ENSURING REWARDING HEL PROGRAMS

### "Respond → Advance"



### Three Rules

1. If you move too fast, you lose. You're seen as unresponsive and uninterested in the doctor— only interested in "pushing pills."
2. Advance according to the doctor's willingness and interest.
3. Sometimes you never advance to "selling;" you never move beyond small talk.



## ENSURING REWARDING HEL PROGRAMS



### Conversation Guidelines

As much as possible

- Talk about features and benefits and about patient need and problems.
- Let your doctors mention the name of a Merck or competitive product.



#### Directions:

1. Discuss the reactions you would have to one of the statements below if you were a physician attending an HEL program.
2. Revise the statement according to the above concept.
3. Share your reactions and revisions with other participants.

Rep Statement	Revision
1. "As a result of what you've heard today, are you more likely to use [Merck product] than [competitive product] for ...?"	
2. "Would you agree that [Merck product] has a superior side effect profile for the treatment of ...?"	
3. "How many of you will use [Merck product] as your initial mode of treatment for ...?"	
4. How many of your _____ patients are candidates for [Merck product]?"	





## ENSURING REWARDING HEL PROGRAMS

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### HEL Programs and the Highly Successful Sales Representative

1. Many sales (i.e., favorable Rx decisions) are the natural outcomes of superior service and strong relationships with physicians.
2. Relationships are strong when physicians believe that . . .
  - You are competent, knowledgeable, and professional.
  - You have access to valuable information resources.
  - You are truly interested in your physicians. (You put their needs on a par with your own.)
  - You are dependable. (You deliver what you promise.)
3. An HEL program enables you to demonstrate these qualities in a different context than your normal office calls.
4. "Non-sales" -- but business-related -- discussions are invaluable in developing strong physician relationships.





### The Follow-Up Call

#### *Guidelines*

1. Follow up with attendees in the next routing (the sooner the better).
2. Prepare by reviewing your notes from the program and the Q & A card if the doctor completed one.
3. Don't be in a hurry to "sell."
  - You and the doctor will assume the same roles you had during the program -- easy and open communication, no hidden agendas, no pressure or stress.
  - If possible, "sell" by discussing upcoming programs (e.g., one dealing with a new product).

#### *Actions*

1. Make a positive statement about the program, such as a favorable comment by other attendees.
2. Elicit the doctor's comments by doing any or all of the following:
  - Ask for the doctor's reaction to the program.
  - Refer to a comment the doctor made during the program.
  - Ask what the doctor would like to see in future programs.
  - Ask if there is any information or questions the doctor would like answered.



**Ensuring Rewarding HELs – Class  
MI0013(1)**

# HEL Program Timeline

## Eight weeks before an HEL program...

1. Select a program topic.
2. Set program objectives.
3. Determine program type.
4. Select participants.
5. Select a speaker.
6. Agree on a date and time.

## Four to six weeks before...

1. Select and book the facility.
2. Prepare the speaker.
3. Send out invitations.
4. Market the program.

## One hour before the program...

1. Review preparations and program events with owner/manager/event coordinator.
2. Review program with speaker.
3. Work the room.

## During the program...

1. Introduce the program.
2. Monitor the presentation.
3. Gather post-program reactions
4. Settle up.

## After the program...

1. Record your observations.
2. Complete paperwork.
3. Follow up with the speaker.
4. Follow up with attendees.
5. Evaluate program success.

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## Six Ways Needs are Stated

1. The doctor tells you what he wants or likes.
2. The doctor tells you what he doesn't want or like.
3. The doctor tells you what would help his patients.
4. The doctor tells you what he wants to avoid with his patients.
5. The doctor tells you what the competition is doing well or doing poorly.
6. The doctor tells you what he would like to learn more about.

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# Program & Speaker Introduction: Sequence of Events

1. Thank physicians for attending.
2. Enthusiastically explain why the topic is important to attendees. (i.e., the needs, problems, interests that you discussed with your physicians before the HEL program).
3. Introduce the speaker.
  - Qualifications
  - Your Appreciation
4. Explain the meeting agenda.
  - Meal
  - How and when questions are handled

Throughout your introduction, pay attention to your body language, your tone of voice, and the clarity of your message.

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Development System  
*The Track to the Top*

# People Communicate Poorly...

- ★ They talk in abstract and general terms and don't use specific examples that illustrate what they mean.
- ★ They omit key points or concepts (a "mental shorthand" that has meaning for them alone).
- ★ They use vague or ambiguous words whose meaning is unclear.
- ★ Many have accents or speak in a low voice that is hard to hear.
- ★ Many use visuals poorly, not explaining them, leaving them on too long or not long enough.
- ★ Rarely do they check for understanding.

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## People Listen Poorly...

- ★ The average person retains about 25% of what he or she hears.
- ★ Many prejudice or discount what a speaker has to say because of the way s/he looks, speaks or positions him/herself.
- ★ Their attention wanders because they can hear faster than the speaker can talk.
- ★ They give in to internal and external distractions.
- ★ Almost never will they ask the speaker to define a word, volunteer that they don't understand a point, or ask for examples.
- ★ They "fake" attention by nodding, smiling, and looking the speaker in the eye.

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# Monitoring HEL Program Information

*What did the Program cover that your doctors say...*

- ★ They want?
- ★ They don't want?
- ★ Would help their patients?
- ★ They want to avoid with their patients
- ★ Our competitors are doing well or poorly?
- ★ They want to learn more about?

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# Effectively Interact By...

1. Using "Conversation Starters" (i.e., questions) to open up a discussion before and after a presentation.
2. Transitioning a conversation from non-business to business subjects by using the "Respond→Advance" model.

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# Conversation Starters

## Before the Presentation

## After the Presentation

"What about [topic] would you like the speaker to cover?"	"What else about _____ would you like to learn more about?"
"What questions about [topic] do you want answered today?"	"Dr. _____, earlier you told me you wanted [speaker] to answer three questions. Have they been answered?"
"Many of the doctors I talk to are concerned with [problem related to topic]. Is it also a concern of yours?"	"Is [problem mentioned in presentation] a problem you're seeing out there?"
"How many of your patients does _____[problem] affect?"	"How many of your patients does _____[problem] affect?"
"How are you currently handling [condition to be discussed]?"	"For how many of you is _____[mode of treatment] discussed by [speaker] a realistic option?"
"What changes are you anticipating in [mode of treatment to be covered]?"	"Based on what you've heard today, what, if anything, will you do differently?"

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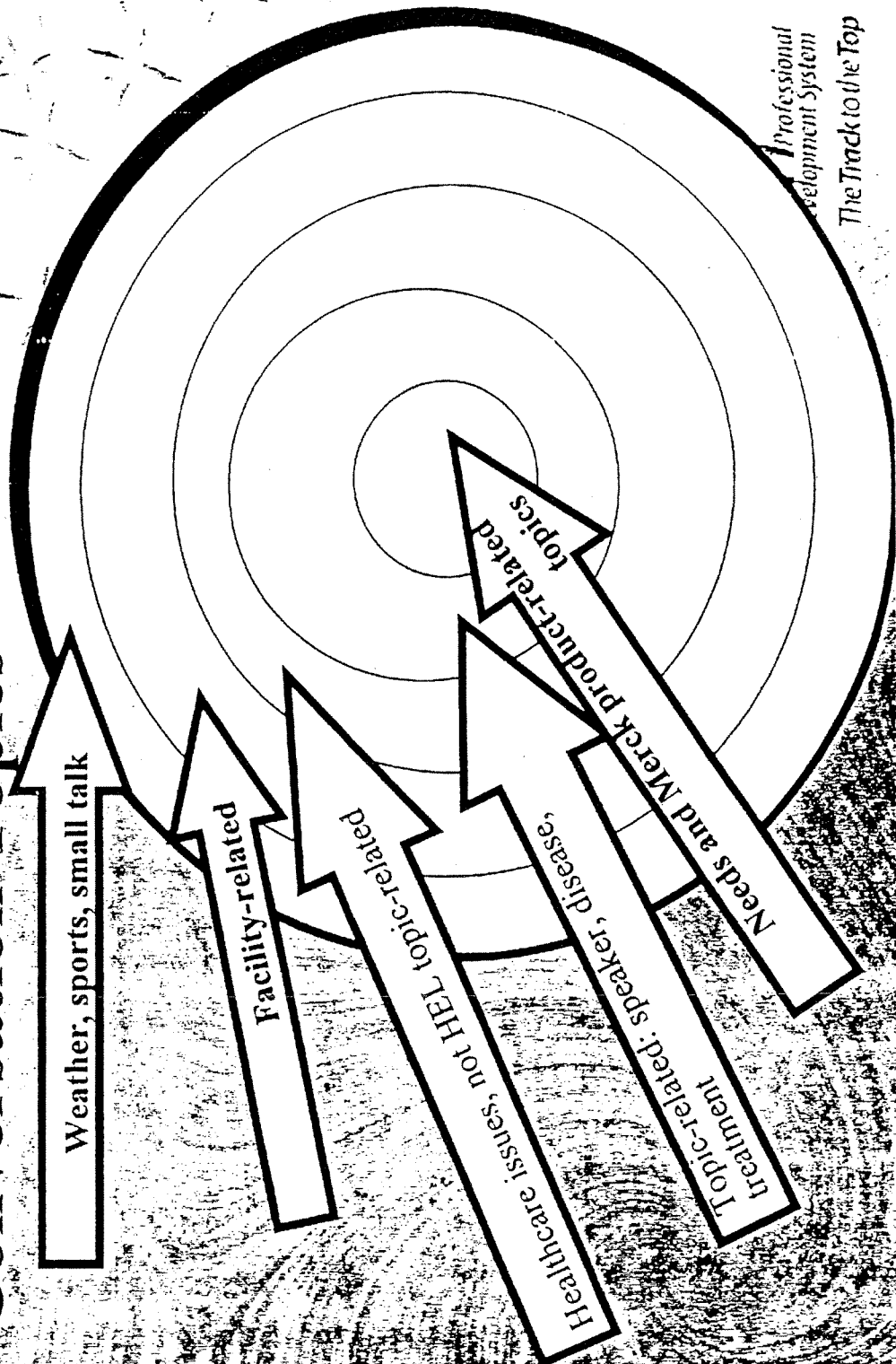
# More After-Presentation Conversation Starters

- ★ "What did you find most useful in the presentation?"
- ★ "Is \_\_\_\_\_ what you're seeing out there?"
- ★ "Is \_\_\_\_\_ a problem you're encountering?"
- ★ "Based on what you've heard today, what will you do differently?"
- ★ "What would you like to learn more about?"
- ★ "How many of your patients does \_\_\_\_\_ affect?"

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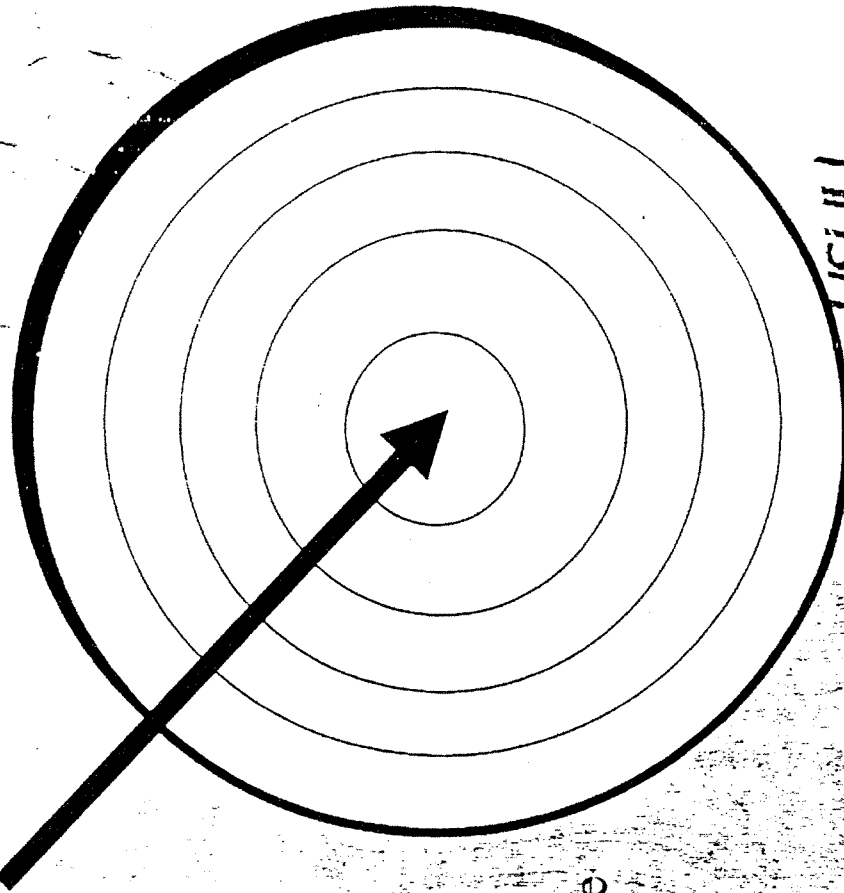
# Conversation Topics



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# The “Respond→Advance” Model

- Respond to the doctor’s statement by agreeing with it, or commenting on it, or offering a similar observation.
- Advance by making a statement that gives the doctor the opportunity to talk about a more HEL-related topic.



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# HEL Programs and the Highly Successful Sales Representative

- ★ Many sales (I.e., favorable Rx decisions) are the natural outcomes of superior service and strong relationships with physicians.
- ★ Relationships are strong when physicians believe that...
  - You are competent, knowledgeable, and professional.
  - You have access to valuable information resources.
  - You are truly interested in your physicians. (You put their needs on a par with your own.)
  - You are dependable. (You deliver what you promise.)
- ★ An HEL program enables you to demonstrate these qualities in a different context than your normal office calls.
- ★ “Non-sales”—but business-related—discussions are invaluable in developing strong physician relationships.

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